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Inventor: Gurtej S. Sandhu, et al.

Title: Deposition Methods and Apparatuses Providing Surface Activation

Assignee: Micron Technology, Inc.

Serial No.: 09/652,533

Filing Date: August 31, 2000

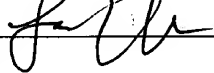
**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT**  
**PURSUANT TO 37 C.F.R. §§1.56, 1.97 AND 1.98**

In compliance with 37 C.F.R. §§1.56, 1.97 and 1.98, your attention is directed to the United States patents and other documents listed on the attached Form PTO-1449, and copies of which are attached. No admission is made regarding whether all the submitted references are prior art.

Citation of these references is respectfully requested.

Respectfully submitted,

Dated: 10 Sep 2001

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2811

Please type a plus sign (+) inside this box → ☐PTO/SB/21 (6-98)  
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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/652,533
	<b>Filing Date</b>	August 31, 2000
	<b>First Named Inventor</b>	Gurtej S. Sandhu
	<b>Group Art Unit</b>	2811
	<b>Examiner Name</b>	Unknown
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b> MI22-1385

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
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<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<b>Remarks</b>	<b>Customer No.</b> 021567
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is hereby authorized to charge any additional fees required under 37 C.F.R. § 1.16 and § 1.17 and credit any overpayments to account no. 23-0925.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
<b>Firm or Individual name</b>	James E. Lake; Reg. No. 44,854; Wells, St. John, et al
<b>Signature</b>	
<b>Date</b>	10 Sep 2001

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<b>Typed or printed name</b>	Gail Wright
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